UNITED STATES OMB APPROVAL ECURITIES AND EXCHANGE COMMISSION OMB Number: 3235-0076 Washington, D.C 20549 Expires: May 31, 2002 RECEIVED Estimated average burden FORM D hours per response.....16.00 9 2002 SEC USE ONLY OTICE OF SALE OF SECURITIES Prefix Serial PURSUANT TO REGULATION D, SECTION 4(6), AND/OR DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION check if this is an amendment and name has changed, and indicate change.) Private Placement of Senior Secured Convertible Promissory Notes and Common Stock Warrants Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) b-there.com corp. Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) (203) 221-1477 228 Saugatuck Avenue, Westport, Connecticut 06880 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business

Development and implementation of Event Management Software

Type of Business Organization □ corporation

☐ limited partnership, already formed limited partnership, to be formed business trust

□ other (please specify):

Actual or Estimated Date of Incorporation or Organization:

Month 0 3 Year 91

 \boxtimes Actual

Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

CN for Canada; FN for other foreign jurisdiction)

DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consittues a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00) 1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Each general and ma | naging | g partner of p | partnership issuers. | | | |
|---|-----------------|-----------------------------|---|---------------------------------------|-------------------|-------------------------------------|
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Offi | icer 🛛 Director | ☐General and/or Managing Partner |
| Full Name (Last name first, BUTLEIN, Marc | if indi | vidual) | | | | |
| Business or Residence Address 109 Old Hyde Road, Wes | | | | de) | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Off | icer 🛭 Director | ☐General and/or Managing Partner |
| Full Name (Last name first, ANSTEY, Sanford | if indi | vidual) | | | | |
| Business or Residence Addre c/o BancBoston Ventures | | | | | etts 02110 | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Offi | icer 🛛 Director | ☐General and/or Managing Partner |
| Full Name (Last name first, HOFFMAN, Guy | if indi | vidual) | · | | | |
| Business or Residence Addre c/o TL Ventures Austin, 60 | | | | | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Offi | icer 💆 Director | ☐General and/or Managing Partner |
| Full Name (Last name first, LUBY, William K. | if indi | vidual) | | | | |
| Business or Residence Addre c/o CEA Capital Partners, | ss (Nu 1 Sea | ımber and Sı aport Plaza | reet, City, State, Zip Coo, , 199 Water Street, 20 | ^{de)} ith Floor, New York | k, New York 10038 | 3 |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☑ Executive Offi | cer Director | ☐General and/or Managing Partner |
| Full Name (Last name first, SZILAGYI, Maryhelen | f indiv | vidual) | | | | |
| Business or Residence Addre c/o b-there.com corp., 22 | | | | | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☑ Executive Offi | cer 🛮 Director | ☐General and/or Managing Partner |
| Full Name (Last name first, BERTHET, Christine | f indiv | vidual) | | | | |
| Business or Residence Addre c/o b-there.com corp., 228 | | | | | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☑ Executive Offi | cer Director | ☐General and/or Managing Partner |
| Full Name (Last name first, i SHEWITZ, Kenneth | f indiv | vidual) | | | | |
| Business or Residence Addre c/o b-there.com corp., 228 | - | | - | • | | |

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Each general and ma | nagin | g partner of p | oartn | ership issue | rs. | | | | |
|---|---------------|---------------------------|----------------|--------------------------|---------------------|--------------|-------------------|----------|-------------------------------------|
| Check Box(es) that Apply: | | Promoter | | Beneficia | l Owner | <u> </u> | Executive Officer | Director | ☐General and/or Managing Partne |
| Full Name (Last name first, FORBERG, James | if indi | vidual) | | | | | | | |
| Business or Residence Addre c/o b-there.com corp., 228 | | | | | | | 06880 | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial | Owner | ☒ | Executive Officer | Director | ☐General and/or Managing Partne |
| Full Name (Last name first, VOGEL, Karen | f indi | vidual) | | | | | | | - |
| Business or Residence Addre c/o b-there.com corp., 228 | ss (Ni Sau | umber and S gatuck Ave | treet, nue, | City, State Westport, | , Zip Cod Connec | le) ticut | 06880 | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial | Owner | X | Executive Officer | Director | ☐General and/or Managing Partner |
| Full Name (Last name first, LOWRY, Douglas | f indi | vidual) | | | | | | | |
| Business or Residence Addre c/o b-there.com corp., 228 | | | | | | | 06880 | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial | Owner | Ø | Executive Officer | Director | ☐General and/or Managing Partner |
| Full Name (Last name first, i LARSEN, Marc | f indi | vidual) | | | | | | | |
| Business or Residence Addre c/o b-there.com corp., 228 | | | | | | | 06880 | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial | Owner | X | Executive Officer | Director | ☐General and/or Managing Partner |
| Full Name (Last name first, i SIDWELL, Martin | f indi | vidual) | | | | | | | |
| Business or Residence Addre | | | | | | | 06880 | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial | | | Executive Officer | Director | ☐General and/or Managing Partner |
| Full Name (Last name first, i LICHTENSTEIN, Susan | f indiv | vidual) | | | | | | | |
| Business or Residence Addre c/o b-there.com corp., 228 | | | | | | | t 06880 | | |
| Check Box(es) that Apply: | | Promoter | X | Beneficial | Owner | | Executive Officer | Director | ☐General and/or Managing Partner |
| Full Name (Last name first, i BancBoston Ventures Inc. | f indiv | vidual) | | | | | | | |
| Business or Residence Addre 175 Federal Street, 10th F | | | | | | e) | | | |

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Each general and man | nagin | g partner of p | partnership issuers. | | | |
|--|--------|----------------|----------------------------|---------------------|------------|-------------------------------------|
| Check Box(es) that Apply: | | Promoter | 🛛 Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, i Seaport Capital Partners II | | | | | | |
| Business or Residence Addre 1 Seaport Plaza, 199 Wate | | | | | | |
| Check Box(es) that Apply: | | Promoter | 🛮 Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, in TL Ventures IV, L.P. | f indi | vidual) | | | | |
| Business or Residence Addre 435 Devon Park Drive, 70 | | | | | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, in FLACK, Timothy | f indi | vidual) | | | | |
| Business or Residence Addresc/o b-there.com corp., 228 | | | | | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☐ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, it SARRIS, Detra | findi | vidual) | | | | |
| Business or Residence Addres c/o b-there:com corp., 228 | | | | | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, it | findi | vidual) | | | | |
| Business or Residence Address | ss (N | umber and St | reet, City, State, Zip Cod | le) | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, if | findi | vidual) | | | | |
| Business or Residence Address | ss (Ni | umber and St | reet, City, State, Zip Cod | le) | | |
| Check Box(es) that Apply: | | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | ☐General and/or Managing Partner |
| Full Name (Last name first, if | indi | vidual) | | | | |
| Business or Residence Addres | s (N | ımber and St | reet, City, State, Zip Cod | e) | | |

| | | | | | 1 | O INT | CODI | MAT | ION | A DO | UT O | FFEI | DINC | | | | - |
|----------------|---|---------------------------|--------------------------------|---------------------------------|---------------------------------|-----------------------------|----------------------------------|-----------------|------------------------------|---------------------------------|--------------------------------|----------------------------------|---|----------------|----------|---|---|
| | | | | | |). 1111 | r OK. | VIAI | ION | ADU | <u>UI U</u> | FFEI | MING | | | | _ |
| | | | | | | | | | | | | | | • | Yes | No | |
| 1. Ha | s the iss | uer sol | d or do | es the | issuer i | ntend to | o sell, t | o non- | accredi | ted inve | estors i | n this of | ffering? | | | × | |
| | | | | | Ar | iswer a | lso in / | Append | lix, Col | umn 2, | if filin | g under | ULOE. | | | | |
| 2 WE | at is th | e minir | num in | vestme | | | | | | | | J | | s ⁻ | 1,000 | ı | |
| 2. **1 | What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | | | | | | |
| 3. Do | es the c | ffering | g permi | t joint o | owners | hip of a | single | unit? | | | | | | | Yes ⊠ | No | |
| co of an | mmissi fering. d/or wi | on or s If a per th a sta | similar rson to ate or s | remund be liste tates, li | eration ed is ar st the r | for sol associ name o | icitatio iated pe f the br | n of puerson of | rchase r agent r deale | rs in co of a bi r. If mo | onnecti roker o ore than | on with r dealer 1 five (5 | directly or indirectly, an sales of securities in the registered with the SE persons to be listed an broker or dealer only. | ne C | | | _ |
| Full N | Jame (L | ast nar | ne first | , if ind | ividual) |) | | | | | | | | | | | |
| Busin | ess or F | Residen | ce Add | ress (N | umber | and Str | eet, Ci | ty, Stat | e, Zip (| Code) | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - |
| Name | of Asso | ociated | Broker | or Dea | ler | | | - | _ | | | | | | | | - |
| | in Wh | | | | | | | | | | | | | | | | • |
| | | | | | | | | | | | | | | es | | | |
| | [AK] | | | | | | | | | | | | | | | | |
| [IL] | | | | - | | [ME] | [MD] | | | | [MS] | - | | | | | |
| [TM] | [NE] | [NV] | [NH] | [NJ] | [NM] [TIT] | [NY] [VT] | [NC] [VA] | | [OH] | [OK] [WI] | | [PA] [PR] | | | | | |
| | Jame (L | _ | | | | | | | [,,,] | [,,_] | [,,,,] | [[] | | | | | - |
| Busin | ess or R | esiden | ce Add | ress (N | umber | and Str | eet Cit | tv. State | e Zin (| Code) | | | | | | | - |
| | | | | | | | | | | | | | | | | | |
| Name | of Asso | ociated | Broker | or Dea | ler | | | | | | | | | | | | |
| | in Whi | | | | | | | | | | | | | | | | • |
| | | | | | | | | | | | | | All State | es | | | |
| [AL] | [AK] | | | | | | | | | [GA] | [HI] | [ID] | | | | | |
| | [IN] | | | | | | [MD] | | | [MN] | | [MO] | | | | | |
| (MT) | | [NV] | [NH] | | [NM] | [NY] | | | [OH] | | | [PA] | | | | | |
| | [SC] | | - | | | | [VA] | [WA] | [WV] | [MI] | [WY] | [PK] | | | | | |
| Full N | lame (L | ast nan | ne first | , if indi | vidual) | | | | | | | | | | | | |
| Busin | ess or R | esiden | ce Add | ress (N | umber | and Str | eet, Cit | y, State | e, Zip C | Code) | | | | | | | |
| Name | of Asso | ociated | Broker | or Dea | ler | | | | | | | | | | | | |
| | in Whi | | | | | | | | | | | | — | | | | |
| - | | | | | | | | | | | | | | S | | | |
| | [AK] | | | | | | | | | | | _ | | | | | |
| [IL] [MT] | [IN] | [IA] [NV] | [KS] | [KY] [NJ] | [NM] | [ME] | [MD] | | [MI] | _ | [RM] | [MO] | | | | | |
| | [SC] | | - | - | | | | | | | | | | | | | |
| r1 | [1 | r 1 | | | r 1 | 1 | 1 | | | L | | | | | | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer- | | | |
|---|--------------------|-------------|--------------------------------------|
| ing, check this box \square and indicate in the column below the amounts of the securities of- | | | |
| fered for exchange and already exchanged. | | | |
| Type of Security | Aggreg Offering | | Amount Already Sold |
| Debt | \$ | | \$ |
| Equity | \$ | | \$ |
| □ Common □ Preferred | | | |
| Convertible Securities (including warrants) | \$_2,500, | 000 | \$ <u>1,894,751.9</u> 9 |
| Partnership Interests | \$ | | \$ |
| Other (Specify) | \$ | | \$ |
| Total | \$ <u>2,500,0</u> | 000_ | \$ <u>1,894,751.99</u> |
| Answer also in Appendix, Column 3, if filing under ULOE | | | |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | |
| | Numb Investe | | Aggregate Dollar Amount of Purchases |
| Accredited Investors | 13 | | \$1,894,751.99 |
| Non-accredited Investors | | | \$ |
| Total (for filings under Rule 504 only) | | | \$ |
| Answer also in Appendix, Column 4, if filing under ULOE | | | |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. | | | |
| Type of offering | Type Securi | ty | Dollar Amount Sold |
| Rule 505 | | | \$ |
| Regulation A | | | \$ |
| Rule 504 | | | \$ |
| Total | | | \$ |
| securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| Transfer Agent's Fees | | | \$ |
| Printing and Engraving Costs | | | \$ |
| Legal Fees | | \boxtimes | \$ <u>55,000.00</u> |
| Accounting Fees | | | \$ |
| Engineering Fees | | | \$ |
| Sales Commissions (Specify finder's fees separately) | | | \$ |
| Other Expenses (identify) | | | \$ |
| Total | | ΓXI | \$55,000.00 |

| C. OFFERING PRICE, NUMB | ER OF INVESTORS, EXPENSES | AND USE OF | PROCEEDS |
|--|---|--|--|
| Question 1 and total expenses furnished in | gate offering price given in response to Part C-response to Part C-Question 4 a. This difference uer." | • | 000 |
| used for each of the purposes shown. If the an estimate and check the box to the left of | coss proceeds to the issuer used or proposed to be e amount for any purpose is not known, furnish of the estimate. The total of the payments listed the issuer set forth in response to Part C-Ques- | 1 1 | |
| | | Payments to Officers, Directors, & Affiliates | Payments To Others |
| Salaries and fees | | <u> </u> | |
| | | the state of the s | |
| | lation of machinery and equipment | | |
| and the second s | ldings and facilities | Tin\$ <u></u> | \$ |
| offician that may be used in evolunce | ding the value of securities involved in this for the assets or securities of another issuer | \$ _ | \$ |
| Penayment of indebtedness | | \$ □ | . s |
| Working control | | \$ 151 | s 2,445,000 |
| Other (Specify) | | \$ | \$ |
| | | The state of the s | |
| | | | . S |
| | | | • |
| Column Potals. | | ha si o | Description of the second and the seco |
| Total Payments Listed (column tota | ils added) | ₩ \$2 | 445,000 |
| | D. FEDERAL SIGNATURE | A CALL SAN AND A CALL | |
| following signature constitutes an undertaking | gned by the undersigned duly authorized person. g by the issuer to furnish to the U.S. Securities a y the issuer to any non-accredited investor pursu | and Exchange Comr | nission, upon written |
| Issuer (Print or Type) b-there.com corp. | Signature Intrastruction Signature | Date April 26, 2002 | |
| Name of Signer (Print or Type) Maryhelen Szilagyi | Title of Signer (Print or Type) Secretary | | A CONTRACTOR OF THE CONTRACTOR |
| The state of the s | | | |

ATTENTION

| | E. STATE | SIGNAT | URE | | |
|---|--|--|---|---------------------------|--------------------|
| provisions of such rule? | 230.262 | rii Tarii, aas oo dalii ilib •, •, •, •, •, •, •, •, •, •, •, •, •, • | Professor Associated Associated Control of the Control of the Cont | f the disqualification | Yes No □ K□ |
| 2. The undersigned issuer hereby undertakes t Form D (17 CFR 239.500) at such times as | The state of the s | | itor of any state | e in which this notice is | filed, a notice on |
| 3. The undersigned issuer hereby undertakes t issuer to offerees. | o furnish to the sta | te administra | tors, upon writ | ten request, information | furnished by the |
| 4. The undersigned issuer represents that the i Limited Offering Exemption (ULOE) of availability of this exemption has the burde | the state in which | this notice | is filed and u | nderstands that the issu | |
| The issuer has read this notification and knows undersigned duly authorized person. | the contents to be 1 | true and has o | luly caused this | notice to be signed on it | ts behalf by the |
| Issuer (Print or Type) b-there.com corp. | Signature Marsh | les 1 | magn | Date April 26, 2002 | |
| Name of Signer (Print or Type) Maryhelen Szilagyi | Title of Signer (P Secretary | rint or Type) | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | | 2 | 3 | 4 | | | | 5 | | |
|-------|---------|-----------------------------------|--|------------|--|-------------------------------|--------|-----------------|----------|--|
| | non-ac | to sell to credited tors in | Type of security and aggregate offering price | | Disqualification under State ULOE (if yes, attach explanation of | | | | | |
| | St | ate | offered in state | a | mound pu | investor and rchased in State | | waiver granted) | | |
| | (Part B | -Item 1) | (PartC-Item 1) | Number of | | C-Item 2) Number of | | (Part E | -Item 1) | |
| | | | | Accredited | | Nonaccredited | | | | |
| State | Yes | No | | Investors | Amount | Investors | Amount | Yes | No | |
| AL | | | | | | | | | | |
| AK | | | | | | | | - | | |
| AZ | | | | | | | | | | |
| AR | | ~ | Convertible Promissory Notes | | | | | | | |
| CA | | X | and Warrants/ \$17,000 | 1 | - | | | | X | |
| CO | | · · | Convertible Promissory Notes | | | | | | | |
| CT | | X | and Warrants / \$121,752 | 3 | | | | | X | |
| DE | | - | | | | | | | | |
| DC | | | Convertible Promissory Notes | | | | | | | |
| FL | | Х | and Warrants / \$25,000 | 1 | | | | | X | |
| GA | | | | | | | | | | |
| HI | | | | | | | | | | |
| ID | - | | | | | | | | | |
| IL | | | | | | | | | | |
| IN | | | | | | | | | | |
| IA | | | | | | | | | | |
| KS | | | | | | | | | | |
| KY | | | | | | | | | | |
| LA | | | | | | | | | | |
| ME | | | | | | | | | | |
| MD | | _ | | | | | | | | |
| MA | | X | Convertible Promissory Notes and Warrants / \$364,636.32 | 2 | | | | | Х | |
| MI | | | | | | | | | | |
| MN | | | | | | | | | | |
| MS | | | | ` | | | | | | |
| МО | | | | | | | | | | |

APPENDIX

| 1 | | 2 | 3 | | | 4 | | | 5 | |
|-------|--------|---------------------|--|-------------------------|---------------|-------------------------------------|----------|------------------------------------|---------------------|--|
| | Intend | l to sell | | | | | | | lification State | |
| | 1 | to | Type of security | | ULOE (if yes, | | | | | |
| | | credited tors in | and aggregate | | 70 | 6 | | attach | | |
| | | tors in ate | offering price offered in state | | | f investor and urchased in State | . | explanation of | | |
| | | B-Item 1) | | | | t C-Item 2) | • | waiver granted) (Part E-Item 1) | | |
| | | | | | | | | | | |
| | | ĺ | | Number of Accredited | 1 | Number of Nonaccredited | | | | |
| State | Yes | No | | Investors | Amount | Investors | Amount | Yes | No | |
| MT | | | | | | | | | | |
| NE | | | | | | | | | | |
| NV | | | | | | | | | | |
| NH | | | | | | | | | | |
| NJ | | | | | | | | | | |
| NM | · | | | | | | | | | |
| NY | | Х | Convertible Promissory Notes and Warrants / \$857,272.82 | 4 | | | | | X | |
| NC | | | | | | | | | | |
| ND | | | | | | | | | | |
| ОН | | | | | | | | | | |
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Wiggin & Dana LLP 400 Atlantic Street P.O. Box 110325 Stamford, Connecticut 06911-0325

203.363.7600 203.363.7676 fax www.wiggin.com

April 26, 2002

Via Federal Express

Securities and Exchange Commission 450 Fifth Street, N.W. Washington, D.C. 20549 Attention: Filing Desk



Re:

b-there.com corp. – Private Placement of Convertible Promissory Notes and

Common Stock Warrants

Dear Sir/Madam:

Enclosed herewith for filing please find the original and four copies of Form D, Notice of Sale of Securities with respect to the private placement of Convertible Promissory Notes and Common Stock Warrants by b-there.com corp.

Please acknowledge receipt of this filing by stamping the duplicate copy of this letter and returning it to me in the envelope provided herein.

If you have any questions, please give me a call at (203) 363-7617

Sincerely,

Patricia C. Sperling

Paralegal

Enclosures

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